

**SUPPLEMENTAL APPLICATION FOR
DELAWARE BINGO LICENSE**

1. Name of Applicant: _____

2. Date of Granting of Last License _____ License # _____

3. Has there been any change in applicant's charter or bylaws since date of last application____(yes)____(no). If so, state nature thereof. (In lieu of answer, applicant may attach authenticated copy of pertinent provisions of charter or bylaws indicating that applicant is still qualified under the law to obtain Bingo License).

4. Has there been any change in applicant's officers since date of last application? If so, list new officers below:

NAME

ADDRESS

PHONE

5. When and where will games be played?

DATE

TIME

PLACE

6. Cost for admission: _____

7. What equipment will be used?

DESCRIPTION

RETAIL COST

IMPORTANT NOTICE: Check or Money Order for \$15.00 payable to the "State of Delaware" for each occasion requested must accompany this application.

8. What prizes will be awarded?

DESCRIPTION	RETAIL VALUE	DESCRIPTION	RETAIL VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Specific purposes to which proceeds of games are to be devoted:

10. Name and address of member or members in charge of games:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of Applicant and member(s) in charge:

STATE OF DELAWARE}
 }
County of _____} SS.

The undersigned do hereby state under oath that all statements in the foregoing application are true and correct; that the undersigned member or members in charge of games are all of good moral character and have not been convicted of a crime involving moral turpitude; that if a license is granted hereunder, the undersigned member or members in charge will be responsible for the conduct of the game in accordance with the provisions of the laws of this state, the license, and the rules and regulations of this Commission governing the conduct of such games.

SWORN to and subscribed before me, this

_____ Day of _____ A.D. 20 _____

Notary Public

Signature of officer and title

Member in Charge

Member in Charge

Member in Charge

(SEAL OF NOTARY)

For Board office use only:
License Number: _____
District: _____
(Wilmington, New Castle, Kent or Sussex)